

ifw 1651

Practitioner's Docket No.: 1372.155.UTL

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark J. Jaroszeski et al.

Serial No.: 10/058,458

Filing Date: 01/28/2002

For: Electrofusion Chamber

Examiner: Jon P. Weber

Art Unit: 1651

Confirmation Number: 4223

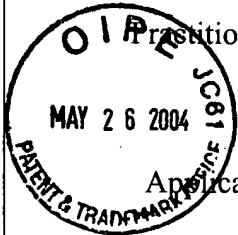
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the nonfinal Examiner's Action mailed on March 16, 2004, the above-identified patent application is amended a first time as follows. Applicant has elected to present the amendment using the revised amendment format set forth in the waiver of 37 CFR 1.121.

AMENDMENT A

(37 C.F.R. § 1.111)



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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

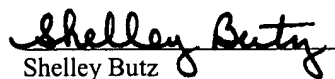
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment A is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 20, 2004.

Dated: May 20, 2004


Shelley Butz

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	7	Minus	20	= 0	x \$9 =	\$0
Indep.	1	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
Total						Addit. Fee \$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



SIGNATURE OF PRACTITIONER

Reg. No. 46,457
Tel. No.: (727) 507-8558

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